

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME  
Khalid

LAST

SUFFIX  
A.

Khan

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

11311 Bayou Place Dr.

Houston, Tx. 77099

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

478-1637

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME  
Lenny

LAST

SUFFIX  
Yaffie

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

11111 Wilcrest Green St. 425 Houston Tx. 77042

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

490-1300

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

THROUGH

Month Day Year

9 / 7 / 05

10 / 8 / 05

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 8 / 05

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Houston City Council District F

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

Khalid A. Khan

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 62,000 <sup>42</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 21,800 <sup>42</sup>CONTRIBUTION  
BALANCE

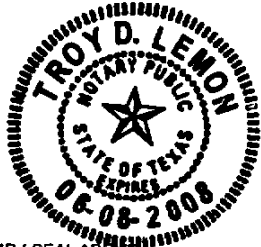
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 37,700 <sup>24</sup>OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Khalid A. Khan, this the 10<sup>th</sup> day of October, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

9.12.05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Asif Waheed

6 Contributor address; City; State; Zip Code

Houston, Texas 77098

7 Amount of contribution (\$)

\$5,000.<sup>xx</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

businessman

10 Employer (See Instructions)

Date

9.12.05

Full name of contributor

☐ out-of-state PAC (ID#)

Shuaib H. Bumbaywala

Contributor address; City; State; Zip Code

Houston, Texas 77042

Amount of contribution (\$)

\$5,000.<sup>xx</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

Date

9.12.05

Full name of contributor

☐ out-of-state PAC (ID#)

Mona Mohiuddin

Contributor address; City; State; Zip Code

Houston, Texas 77066

Amount of contribution (\$)

\$5,000.<sup>xx</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

Date

9.13.05

Full name of contributor

☐ out-of-state PAC (ID#)

Sheikh Zahid

Contributor address; City; State; Zip Code

Houston, Tx. 77036

Amount of contribution (\$)

\$1,000.<sup>xx</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

Date

9.10.05

Full name of contributor

☐ out-of-state PAC (ID#)

Syed R. Bukhari

Contributor address; City; State; Zip Code

Houston, Tx. 77062

Amount of contribution (\$)

\$1000.<sup>xx</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

9.15.05

Aarif Shaikh

6 Contributor address; City; State; Zip Code

\$5,000.<sup>xx</sup>

Houston, Texas 77077

9 Principal occupation / Job title (See Instructions)

bus. Engineer

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

9.15.05

Riazuddin Ahmed

Contributor address; City; State; Zip Code

\$500.<sup>xx</sup>

Sugarland Texas 77479

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

9.18.05

Terry M. Shaikh

Contributor address; City; State; Zip Code

\$5000.<sup>xx</sup>

HOUSTON, TEXAS 77002

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

9.20.05

Taskeen Uddin Siddiqui

Contributor address; City; State; Zip Code

\$500.<sup>xx</sup>

Missouri City Tx. 77459-2809

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

9.10.05

Ali I. Gardazi

Contributor address; City; State; Zip Code

\$5,000.<sup>xx</sup>

Sugarland Tx. 77478

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9-15-05

Ismail N. Muhammad

6 Contributor address; City; State; Zip Code

Sugarland, Tx. 77479

\$500<sup>xx</sup>

9 Principal occupation / Job title (See Instructions)

business man

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-1-05

Munir Ahmad

Contributor address; City; State; Zip Code

Lufkin, Tx. 75904

\$1000<sup>xx</sup>

Principal occupation / Job title (See Instructions)

doctor

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-6-05

Taseer Badar

Contributor address; City; State; Zip Code

Houston, Tx.

\$1,000<sup>xx</sup>

Principal occupation / Job title (See Instructions)

business man

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-6-05

Bahadurali Kajani

Contributor address; City; State; Zip Code

Sugarland, Tx. 77478

\$1,000

Principal occupation / Job title (See Instructions)

business man

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

10-3-05

Khaled Khan

Contributor address; City; State; Zip Code

Houston, Tx. 77274

\$5,000<sup>xx</sup>

Principal occupation / Job title (See Instructions)

business man

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10.3.05	SUZAN PAGA Contributor address; City; State; Zip Code [REDACTED] Houston, Tx. 77095	\$4,000 <sup>xx</sup>			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
business woman					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
9.30.05	Salim Alavi Contributor address; City; State; Zip Code [REDACTED] Houston, Tx. 77095	\$500 <sup>xx</sup>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
businessman					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
9.30.05	Aziz Aziz Omar Rehmatulla Contributor address; City; State; Zip Code [REDACTED] Sealy, Texas. 77474	\$5000 <sup>xx</sup>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
businessman					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
9.30.05	Akbar Aziz Rehmatulla Contributor address; City; State; Zip Code [REDACTED] Sealy, Tx. 77474	\$5,000 <sup>xx</sup>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
businessman					
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)		
9.26.05	Harna R. Shaikh Contributor address; City; State; Zip Code [REDACTED] Houston, Tx. 77082	\$3,500 <sup>xx</sup>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
businessman					

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

9-16-05

Jennifer Sydenham

6 Contributor address: City, State, Zip Code

Houston, TX 77066

25

\$2,500 -

9 Principal occupation / Job title (See Instructions)

Business woman

10 Employer (See Instructions)

self

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City, State, Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7

Amount  
(\$)

9-27-05

Pachida + Associates

6 Payee address; City; State; Zip Code

3303 LOUISIANA SUITE 145

HOUSTON, TX. 77006

\$ 5,000 <sup>xx</sup>

8 Purpose of payment (See instructions regarding type of information required.)

Consulting

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

9-27-05

Pachida + Associates

Payee address; City; State; Zip Code

3303 LOUISIANA SUITE 145

Houston, TX. 77006

\$ 2,500 <sup>xx</sup>

Purpose of payment (See instructions regarding type of information required.)

Consulting

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

10-2-05

M.R. Carrero

Payee address; City; State; Zip Code

617 S. 12th

Edinburg, Texas 78539

\$ 2,500 <sup>xx</sup>

Purpose of payment (See instructions regarding type of information required.)

Consulting

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

10-7-05

Richard Printing

Payee address; City; State; Zip Code

5825 Schwabacher

Houston, TX. 77057

\$ 10,000 <sup>xx</sup>

Purpose of payment (See instructions regarding type of information required.)

Printing Expense -

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION Guide explains how to complete this form.

**1** Total pages Schedule F:**2 FILER NAME**

Khalid A. Khan

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

Mike Carrera

**7** Amount  
(\$)**6** Payee address; City; State; Zip Code

617 S. 12th

Edinburg Tx. 78539.

\$1800<sup>00</sup>**8** Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Expenses.

**9** -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**